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2292 75	590 12/12	2/2008		ave its own certificat	e or maining or transr	nission.			
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							(Depositor's name)		
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTO	OR ATTORNEY DOCKET NO.		ET NO.	CONFIRMATION NO.	i	
10/555,440 11/03/2005			Yoshio Mitani	Valla Maria			4240		
TITLE OF INVENTION: H	YDROPHOBIC FUN	MED SILICA					7210		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSUE	FEE TOTAL FEE	(S) DUE	DATE DUE		
nonprovisional	NO	\$1510	\$300	\$0	\$181	0	03/12/2009		
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS	7					
LIAO, DIANA J		1793	1793 423-335000						
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).									
Change of correspond Address form PTO/SB/12	c (1) the names of up or agents OR, alterna	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.							
Address form PTO/SB/12	2) attached.	(2) the name of a sing							
PTO/SB/47; Rev 03-02 o Number is required.	r more recent) attache	ed. Use of a Custome	2 registered patent att listed, no name will b	(2) the name of a single firm (having as a member a registered stateney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO BE PRINTED O	N THE PATENT (print or t	/pe)					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identil 37 CFR 3.11. Compl	fied below, no assign letion of this form is h	ee data will appear on the	patent. If an assigne	e is identified below	, the doc	cument has been filed for		
P.E.ASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.1. Completion of this form is NOT a substance for filing an assignment. (A) NAME OF ASSIONEE									
Tokuyama Corporation Shunan-shi, Japan									
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Please check the appropriate	assignee category or o	categories (will not be	printed on the patent):	Individual A Co	poration or other pri	vate grou	p entity 🚨 Government		
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
X Issue Fee X Publication Fee (No sn	A check is enclosed.	A check is enclosed. Payment by credit card. Form PTO-2038 is attached.							
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f Change in Basis Contract			overpayment, to Dep	sit Account Number	02-2448(en	close an	extra copy of this form).		
 Change in Entity Status (a. Applicant claims SM 			b. Applicant is no los	one claiming SMAT	ENTERTY C.	. 27 000	1.00/		
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Authorized Signature	anifa C) -)\$47.874			EB 1 2 200				
Typed or printed name		Registration No							
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.